VS A15 (4) 15M 9/55 體

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1892	CERTIFICATE	OF	DEATH

Reg. Dist. No. 1864

1.	PLACE OF DEATH o. COUNTY	Cecil		MARYE		a. STATE	Maryl:		lived. If instituti b. COUNTY			re odmis:	ion)
	RURAL and give no	foulside corporate limi corest town)		Lifetime	N 16		own (If ou		ate limits, write R	-	give nec	prest faw	וו
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	1	d. STREET AL	DD RESS						FARM?
	NAME OF DECEASED (Type or print)	Jen:	nie	Middle L.		lost mour		4. DATE OF DEATH	Februa		0°	,	Year 1958
	Female	White	WIDOWI			et.15,	1881		76 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a	during most of work Housew	ing_life, even if refired	dane 10b.	KIND OF BUSINESS OF	INDUSTRY		ryland		untry)	12. CI	US		COUNTRY?
13.	FATHER'S NAME				14	MOTHER'S	MAIDEN NA	AME					
	Wil	liam T. Mon	ntgom	ery		Cat	herine	e V C1	oud				
15.  Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.			ert G	Coope	r, Charl		vm,	Mary	la nd
ATION	Canditians, if a gave rise to li cottse (a), stoting lying couse last.	the under-	)	Hypertensi	. =			NAL DISEASE	CONDITION GIV	'EN IN PAR		PERFO	
CAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF	20e. PLACE	OF INJURY (F	lame, farm,	20f. (City o			County)	7-3	(State)
MEDICAL	Hour a.m. ρ.m.	19	While al war			street, office		;			,,		
		at 1 attended the -30-57		ed from Sep and that	death ac	curred at_	7 A	M, fram	-	and an t	he da	te state	
	PHYSICIAN'S NAME (Type)	R.C.Dods	on, l										
220	BURIAL CREMATIO REMOVAL (Specify) Burial	Peb.7.19		22c. NAME OF CEME Ebenezer (					on (City, town, oing Sun		1)	(Stot	
23.	FUNERAL DIRECTOR			ADDRESS North East,			24a. REC'D	BY REGISTR	0 /	STRAR'S SH	1	RE	

8361 mg 831

BUREAU V. S.

emation,		MEDICAL EXAMIN	VER'S CERTIFI	CATE OF DE	ATH Reg. Dist	NO 1865
(M	COUNTY Cecil	1016	2. USUAL RESID	ENCE (Where deceased live	b. COUNTY Cecil	e before admission)
	CITY OR TOWN (If avhide corporate to and give necrest town)  Elkto	n 12 ho	urs X Nor			
65	Union H	THON (If not in hospital, give street add. OSPLtaL	d. STREET AD			e. IS RESIDENCE ON A FARM2, YES NO 2
P	77-	lter H.	Boulden	4. DATE OF DEATH	2	7 19 58
	M W	RACE 7. MARRIED DENEVER MARR	April	7, 1881	E (In years pirthday)  Months Do	
(I)	ring most of working life, even if i	of work done 10b. KIND OF BUSINESS O Retired	Nort	h East. Md	12. CITIZE	U.S.A.
segod	Jess Bo	A service of the service of		abeth Thomp	and the state of t	
File p	WAS DECEASED EVER IN U. S. ARI no. or unknown) [II yes, give wor o			pootswood,	North Eas	
permit	IB. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	one couse per line for (o), (b), and (c).]  D BY: USE (a)  Cardiac	Insufficenc	y and Bron		INTERVAL BETWEEN ONSET AND DEATH
1-transit	Canditions, if any, which agave rise to immediate cause	Congest.	ion			
a burial	(a), stating the underlying	(c)				
0		T CONDITIONS CONTRIBUTING TO DEA				PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCC				31915
	20c. TIME OF INJURY Month, I Hour a.m. p. m.	26d. INJURY OCCURRED While Nal while of work at work	20a. PLACE OF INJURY (Ho foctory, street, office bl	me, form, i 20f. (City or tov idg., etc.)	yn) (Caunt	y) (Stote)
		harge of the remains describ tural causes Accident			tion F Inquiry	and find tha
. 2	ACTUAL SIGNATURE	Dodson	M.D.	DICAL EXAMINER []		DATE SIGNED
or remayal.	EXAMINER'S R.C.	Dodson		MEDICAL EXAMINER ELE		2-7-58
6		10-1958 Method		North E	ast, Cecli	(O., (Mg)
(S)	uneral director's signature	North East,	Md	O. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AT ARD TO TRICKING ENOUGH AND TANKEM

BUREAU V. S.

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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1002  Reg. Dist. No. 1866
(1)	1. PLACE OF DEATH O. COUNTY Cocil  AMARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) O. STATE Maryland  Cocil  County Cocil
The state of the s	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Colors, Rural  Colors, Rural
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
r parsta	3. NAME OF DECEASED (Type or print) Clayton Mitchell Brown, Jr. DEATH 2 2 19 58
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years lost birthday) WIDOWED DIYORCED 5-16-1933  9. AGE (In years   IF UNDER 17EAR   IF UNDER 24 HRS
nd 2 wi	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Auto Mechanic  Enemployed  Conowing of Md.  12. CITIZEN OF WHAT COUNTRY
ges 1 o	13. FATHER'S NAME  Clayton Mitchell Brown, Sr.  Ailenn Blanche Curry
File po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. of unknown) (If year, give wer or defect of service) 213-30-8001 Clayton, M. Brown, Cooperingo, Md.
permit.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cardiac Valvular disease
ronsit	4/4× DUE TO Conditions, if ony, which) (b) Rheumatic Fever
burial-l	gove rise to immediate couse (o), stating the underlying DUE TO
o so o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
n eq p	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.]
e 3 show	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole)  Howr o. m.
OR: Pog	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
OIRECTO	ACTUAL SIGNATURE DATE SIGNED  M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
FUNERAL DI	EXAMINER'S NAME (Type)  R.C. Dodson  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2-3-58
TO FU	220- BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stole) REMOVAL (Specify) 724 5/58 Bafatist Cem., Conouncy Md.
ME(S)	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  245. REGISTRAR'S SIGNATURE  ADDRESS  ADD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MINER: This certificate should be executed within 24 hours offer death. If any delay is	g the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funaral dira	D	(7)
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98	D	2	Ď.

1			ME 1	DICAL I	EXAMINER	'S CER	IIFICA	IE OF	DEATH	Reg. Dist.	W11868
)	7. PLACE OF DEATH O. COUNTY  Cecil MARYLAND						RESIDENCE (	Where decease	d lived. If Instit b. COUN		before admission)
	Ìò	city or town (if and give negrest lown) Elkto	outside carperale limits, writ	RURAL C. L	All life	c. CITY		outside corp		RURAL and giv	nearest town)
5	d		Hospita			d. STRE	ET ADDRESS		4		ON A FARM
	- 3	NAME OF DECEASED Type or print)	Willi		Middle C	ooling	Last	4. DATE OF DEATH	Mon	th D	19 19 58
	5. 5	M	W	WIDOWED [	DIVORCED	2	27-	1905	lest birthday) 52 yrs.	Months Day	
	10a	USUAL OCCUPATIO	N (Give kind of work plife, even if retired)	done 10b. KIND	of Business or Indu				untry) City, N		OF WHAT COUNTR
				Cooling		E	mma T				
	15. (Yes,	IB. CAUSE OF DEAT	If yet, give war or dotes of ING WOP Ld  H [Enter only one cau  I WAS CAUSED BY:	War 21		<u>Marie</u>	S. C	ooling	Chesa	peake	City, Mo
		Conditions, if an gave rise to immed (a), stating the uncouse lost.	ole couse	310		Iu. y					
U	IFICATION				BUTING TO DEATH BUT					VEN IN PART I(o	PERFORMED? YES NO
	MEDICAL CERTIFI	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH. 20c. TIME OF INJUR		or 20d. INJUR	Y OCCURRED   20e. PI	ACE OF INJUR	Y (Home, for	m.   20f. (City		(County)	(Stote)
	N.E.	Hour a.m.	19	While al work	Not while at work	ctory, striket, or	rice ping., ex	-1			
ž.	ME	21. I certify th	at I took charge	of the remo	Not white at work ins described above the Accident . S	ove, held uicide ,	an Autop	sy [], In: e [], Un			, and find th
2	ME	21. I certify the death resulted	at I took charge	of the remo	of work ins described ab	ove, held picide,  M.D. CHIE	Homicide	sy [], In: e [], Un	determined		DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T J MINES DE STADMINES TARBATA AND STATE OF DRAIN

BUREAU V. E.

8561 22 1928

RECEIVED

1	PLACE OF DEATH		1011			(Where deceased live		sidence before odmi	ssion)
	Cec			MARYLAND	o. STATE Md		b. COUNTY	17	
2	b. CITY OR TOWN and give necess to	(If outside corporate limits.	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL	and give nearest to	wn)
3)	Elk	ton		at, give street oddress)	, d. STREET ADDRES	East R.I	1.1	1	
-65	Tin i	on Hospi	+ a T	ot, give street oddress)	d. STREET ADDRES	5			A FARM?
1	. NAME OF	OI HOSPI	First	Middle	Lost	4. DATE			NO
	·DECEASED (Type or print)	Debora	_	_	_	OF DEATH	Month		ear
5.	SEX			Lynnette  □ NEVER MARRIED   8	COX.		E (In years   IFUND		ER 24 HRS.
	Femal	v.h.t.	WIDOWED			058 -	Months	Days Hours	Min.
10	Da. USUAL OCCUPAT	NON (Give kind of wo	rk done 10b. Kin	D OF BUSINESS OR INDUST		/ /	17 day2.	CITIZEN OF WHAT	COUNTRY
		king life, even if retire	a)		Havre	de Grace.	Md.	U.S.A.	
1;	3. FATHER'S NAME	ant		<del></del>	14. MOTHER'S MAIDE		2200	0 00 012	
	Jac	k David	Cox	در	Mar	garettee	Fisher		
11	5. WAS DECEASED E	EVER IN U. S. ARMED	FORCES? 16. SC	CIAL SECURITY NO. 17. II	FORMANT		Address		
	No				Jack	D. Cox.	North E	ast, Md	RI
		ATH [Enter only one		(o), (b), and (c), ]				INTERVAL BETWE	EN
	PART 1. DE	ATH WAS CAUSED BY	(a) St	rangulatio	1				
/	921	. O DUE 1		,					
	Conditions, If		(b) VC	miting mil	2				
	(o), stoting the		0						
7	couse lost.	THER CICALIECANT C	(c)	TRIBUTING TO DEATH BUT N	OT BELLTED TO THE TE	NAME OF THE COLUMN	DITION CIVEL IN A	1	1177741
V NOT	PARI II. O	INEX SIGNIFICANT CO	SIADITIONS CON	INIBOTINO TO DEATH BOT N	OI KELATED TO THE TE	MINALDISEASE CON	DITION GIVEN IN P	PERFO	RMED?
0 10	200. EXTERNAL C	AUSE WAS	20b. DESCRIBE H	OW INJURY OCCURRED. (E	nter nature of injury in	Port I or Port II of item	101	YES	NO T
=	PRIMARY Or CO	AUSE WAS ONTRIBUTING		ting milk wi			,		
CERTIFI	CAUSE OF DEATH					11.00			(Stote)
1.5		URY Month, Day,	Year 20d. IN	URY OCCURRED 200. PLAN	E OF INJURY (Home, f	orm. 120f. (City or tow	m) (i	County)	
1.7		. a al eo.	While	URY OCCURRED 200. PLA		orm. 20f. (City or townest.)		County) Cecil	Md.
MEDICAL CERTIFI	20c. TIME OF INJ Hour o. m p. m	: 2-24-58	While of work	Not while of work A H	E OF INJURY (Home, fory, street, office bldg., on e	North	East C	Cecil	
1.5	20c. TIME OF INJI Hour o. m p. m 21. I certify	2-24-581 that I took char	While of work	Not while of work 12 H	E OF INJURY (Home, firy, street, office bldg., ome	North psy , Inspec	East C	Cecil uiry 🔀 and i	
1.5	20c. TIME OF INJI Hour o. m p. m 21. I certify	2-24-581 that I took char	While of work	Not while of work A H	E OF INJURY (Home, firy, street, office bldg., ome	North	East C	Cecil uiry 🔀 and i	
1.5	20c. TIME OF INJI Hour o. m p. m 21. I certify	2-24-581 that I took char	While of work	Not while of work 12 H	E OF INJURY (Home, forty, street, office bldg., ome ve, held an Auto cide , Homici	North psy, Inspec de, Undete	East C	Cecil uiry 🔀 and i	find that
1.5	20c. TIME OF INJI Hovr o. m p. m  21. 1 certify death results	2-24-581 that I took char	While of work	Not while of work 12 H	E OF INJURY (Home, forty, street, office bldg., ome ve, held an Autocide , Homici	North psy, Inspec de, Undete	East C	Cecil uiry 📆 and f	ind that
1.5	20c. TIME OF INJI Hour o. m p. m  21. 1 certify death resulte	2-24-581 that I took char	While of work ge of the result causes	Not while of work Accident X, Suit	TE OF INJURY (Home, for the property, street, office bidg., office bidge, office bidge	North psy   Inspec de   Undete	East C	Cecil uiry 📆 and f	find that
27 Z	20c. TIME OF INJI Hour o. m p. m 21. 1 certify death resulte ACTUAL EXAMINER'S NAME (Type)	that I took chards rom: Nature R. D. D.	While of work ge of the result causes	Not while of work Accident X, Suit	TE OF INJURY (Home, forty, street, office bidg., one we, held an Autocide , Homici , ASSISTANT MEDICAL DEPUTY MEDICAL	PSY . Inspective . Inspection .	East C	Cecil uiry 📆 and f	ind that
2	20c. TIME OF INJI Hovr o. m p. m  21. 1 certify death resulte  ACTUAL HIGH-ATURE  EXAMINER'S NAME (Typo)  20. BURIAL, CREMATI PEMOVAL (Specific	that I took chare the Nature R. D.	While of work ge of the result causes	Not while of CEMETERY OR	TE OF INJURY (Home, forty, street, office bidg., one we, held an Autocide , Homici , ASSISTANT MEDICAL DEPUTY MEDICAL	PSY North psy ninspec de nundete  EXAMINER nincal Examiner nin	East Crion inquirmined cause	Cecil uiry 📆 and f	ind that
2	20c. TIME OF INJI Hovr o. m p. m  21. I certify death resulte  ACTUAL  EXAMINER'S NAME (Type)  20. BURIAL, CREMATI  REMOVAL (Specification)	that I took chare the Nature R. D.	while of work ge of the report causes	URY OCCURRED 20e. PLAI foct of work 12 H mains described abo Accident X, Suit M.D.	TE OF INJURY (Home, forty, street, office bidg., one we, held an Autocide , Homici , Homici , ASSISTANT MED DEPUTY MEDICAL CREMATORY , Person , 240. RI	PSY North psy ninspec de nundete  EXAMINER nincal Examiner nin	East Crion inquirmined cause	DATE S  2/2  y) Stole	ind that

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1876 Reg. Dist. No. 111 871 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY New Castle g Cecil MARYLAND Delaware b CITY OF TOWN (If outside corporate limits, write C LENGTH OF STAY IN 15 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Meek Wilmington Elkton d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE OF INSTITUTION ON A FARM? Undon Hospital YES | NO A NAME OF Middle 4. DATE Month Day Year DECEASED DEATHFebruary William Cullen (Type or print) Charles 10 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs White WIDOWED IT DIVORCED [ January Male papers 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? carban pape ofter death. during most of working life, even if retired) U.S.A. Newspaper Delaware Sterotype Operator pua 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amelia Ellen Wheatlev Elisha Beverly Cullen гетиале 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Virginia Mrs. Mabel Hartman Charlottesvi 1 6ん=03=ん70お Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) antie Stone 421.1 DUE TO Conditions, if one, which gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day. 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 7 - R 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 121x M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 0 PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

eb.10.1958

Home

23. FUNERAL DIRECTOR'S SIGNATURE

Funeral

The

ADDRESS

Union Cemeterv

Elkton

Georgetown. Delaware

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

FUNERAL I O HOSPITAL O

VS A15 (4) 15M 9/55

BRILLIN A' T

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4	1. 1	PLACE OF DEATH		894	GENTINIC	ATE OF DEAT	***	Reg.	Dist. No. "YO
	Ľ	COUNTY	Cecil		MARYLAND	2 USUAL RESIDENCE ( o. STATE Mar	Where deceased his	ed If institution Resid b. COUNTY	fence before admission) W 7
ist.		Perry P	oint	Ly	ength of Stay in 16		(If outside corporate W Hill	fimils, write RURAL on	d give nearest town)
5		OR INSTITUTION	AL (If not in hospital, g dministrat			d. STREET ADDRESS			e. IS RESIDENCE ON A FARMY YES NO [
	3. 1	NAME OF DECEASED (Type or print)	Fir EDW	's†	Middle H.	DAVIS	4. DATE OF DEATH	Month February	Day Year 26 19 5
	5 9	Male			NEVER MARRIED	8. DATE OF BIRTH	14	GE (In years IF UND	ER I YEAR IF UNDER 24 H
	100	. USJAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b KIND	h-mi	USTRY 11 BIRTHPLACE (SM	ole or foreign countr	y) 12 (	CITIZEN OF WHAT COUN
/-	13	FATHER'S NAME			Oyster	14. MOTHER'S MAIDE	N NAME		USA
(1)	IS.	WAS DECEASED EVER	Joshua H. IN U. S. ARMED FOR	CES? 16. SOCI		Sally M		Address	
			TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	use per line for	(a), (b), and (c) ]	ospital Reco c heart dise		Perry Poi	nt, Md.  INTERVAL BETWEEN ONSET AND DEATH  unknown
מס לוח מחץ פעפ		Conditions, if or gove rise to in cause (o), stating I lying couse lost.	nmediote (	Emphy	rsema of the	e lung			unknown
3	CATION		ER SIGNIFICANT CON	DITIONS CONTR		T NOT RELATED TO THE TE			ART 1(0) 19. WAS AUTOP PERFORMED? YES NO
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enler nature of injury	in Port I ar Port II a	f item 18.)	
	MEDICA	20c. TIME OF INJURY Hour e.m. p. m.	VA 19	While at work -	Not while for work	LACE OF INJURY (Home, for actory, street, office bldg.,	elc.)		(County) (Sto
portion, o		21. I certify the කාවනක් ලල්ල්ල්	attended the	deceased fr	omSeptember OK and that deat	11 , 1956 , to the decoursed at 3:00	February O am, from th	26, 195 <mark>8, 206</mark> 17 e causes and an	The date stated abo
/		ACTUAL SIGNATURE	100	tac	1. 4819	WD V.A. Hos		city or town. stote) rry Point,	Md. 2-26-
		PHYSICIAN'S NAME (Type)	S. P. LAC	CERVA		Direct	or, Profe	ssional Se	rvices
<u> </u>	-	DUDING COCKATION	.   001   0.170   71/0.00	F 22a	NAME OF CEMETERY	OR CREMATORY	a 22d LOCATION	(City, lawn, or pounty	
9		BURIAL, CREMATION REMOVAL (Sportify) SUNCOUNTY FUNERAL DIRECTOR'S	3/2/5		stwille			will	(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



3 3 1828



ADDRESS

()1873	
before admission)	
	4
e nearest town)	j
f g	
e. IS RES DENCE ON A FARM? YES NO	
gy Year	

19

Hours

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

Reg. Dist.

IF JNDER TYEAR

U-S-A

Months

Mrs. Mary DellRess983 Pest Ave Staten Island INTERVAL BETWEEN PERFORMED? NO. (County) (Stote) Inquiry , and find that Hamicide , Undetermined cause DATE SIGNED 22d LOCATION (Cuty, town, or county) (Stote) 24a. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE

VS. A15ME(5) 5M 9/55

0 81=1

- "	: 1895 CERTIFICATE OF DEATH	Reg. Dist. No.
director,	1. PLACE OF DEATH a. COUNTY  B. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If ins o STATE) b. COU	NTY Cecii
d be f	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  1 d. STREET ADDRESS	IS RESIDENCE ON A FARM?
es I ond 2	3. NAME OF First Middle Lost of OF DECEASED (Type or print) = d n a n a n a n a n a n a n a n a n a n	Manth Day Year
completely fi	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH    A   C   C   C   C   C   C   C      SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH    SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH    SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH    SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH    SEX   10   C   C   C   C   C      SEX   10   C   C   C   C   C      SEX   10   C   C   C   C      SEX   10	reors IF UNDER 1 YEAR IF UNDER 24 HRS.  Amonths Days Haurs Min.  12. CITIZEN OF WHAT COUNTRY?
carbon pop offer death	during most of working life, even if retired)  ONN Home Fair Mc unt Paris FATHER'S NAME  14 MOTHER'S MAIDEN NAME	· 1 8/1.5.17.
ing physicia e remove a 72 hours a	15 WAS DECEASEDEVER IN U. SJARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (Yes, no or unknown)   If yes, give wor or dofee of service)   I/C II/C. Mr. Delmar Devices	Address Cenewing
e attendin en please nt within 7	18 CAUSE OF DEATH [Enter only and couse per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
igned by the permit. The	Canditions, if any, which gave rise to immediate cause (a), stating the under-	2 who
physicion has been s rial-transit mavel, and	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	YES NO
attending ertificate os the bu ian, or rei	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIB	(County) (State)
d for use		58 that I last saw the deceased
OR: he had one of the had one of the had of the had of the had one of the had of the had one of the had of the had one of the had of	alive on 2 9 , 19.2 8 , and that death accurred at Oh. M., from the caus ADDRESS (Shaet, city or the signature)  ACTUAL SIGNATURE  M.D	ses and on the date stated abave town, store)  DATE SIGNED  2105
ERAL DIR 3 shauld t	NAME (Type)  220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, N	awn, ar county) (State)
TO FUN Poge the re	Bused Jan 12,1954 Pleasant from Pa Deach	REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	floar Tipon Plangsun, md DATE 19 150	I wick

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S 'A ORTHOS

TES TE SENT

es that the c		ed by the att	mit. Then p	me demand one
e law requir	physician.	as been signe	ol-transit per	Ti Paro I long
YSICIAN: Th	ar offending	certificate h	e as the buri	mer to contra
FUDING PH	e haspital c	: After this	ached far us	huring com
TO HOSPITAL THE NDING PHYSICIAN: The faw requires that the death cer	may be retail.	TO FUNERAL DIR! : After this certificate has been signed by the attending	page 3 shauld be wa	he registror prior to
Ĕ,	ıs i	₩ 415	i (4	1

		MAI	RYLAN	D STATE D	EPARTA	MENT OF H	EALTH	I-BAL	TIMORE, 1	8	018	75
			189	6 CE	RTIFIC	ATE OF D	EATH	1		Reg. Dist.	No. 9	6
1. PLACE o COU	OF DEATH NTY	Cecil			MARYLAND	2 USUAL RESIDI	D. (		d lived. If institution b. COUNTY	on: Residence	before ada	mission)
b, CITY RURA	OR TOWN {	If outside corporati	e limits, writ			13	OWN (IF o	outside corpo	role limits, write R	URAL ond give	nearest f	awn)
	Perry			l6yrs.1	Lmo.25			ningto	n	41,		
OR I	NSTITUTION	TAL (If not in hospi Administ		n Hospita	1	d. STREET AD	1408	Webst	er Stree	t, N.W.	01	RESIDENCE N A FARM? NO 1
3 NAME DECEAS (Type o	SED	J	First AMES		Middle W •	DONNELLY,	JR.	4. DATE OF DEATH	Mon Febr		Doy 18	Yeor 19 <b>58</b>
S SEX		6. COLOR OR R	ACE 7. M	ARRIED T NEVER	MARRIED [	B DATE OF BIRTH			9 AGE (In years	Manths Dr		
Mal		White			ORCED 🔲	9-22-91			lost birthday) 66 yrs.	manns De	ys Hou	res Min
10a USUA during	L OCCUPATI g most of wor	ON (Give kind of vi king life, even if re	vork done 1	Ob. KIND OF BUSIN	IESS OR IND	USTRY 11. BIRTHPLA	CE (State	or foreign co	ountry)	IZ. CITIZE	N OF WH	AT COUNTRY
	Law	yer					York			US	A	
13. FATHER		-				14. MOTHER'S A	_					
20 14140 0		James W.					Louis	se McT				
(Yes, no, or u	inguanu) E	(If yes, give wor or do!	ES OF SERVICE	16. SOCIAL SECURI		INFORMANT			Addi			
Yes		WW I		unknow		lospital R	ecord	is, VA	H, Perry			
Con	PART I DE	ATH WAS CAUSED IMMEDIATE CAU DU ony, which immediate	BY: ISE (o)	r line for (o), (b), or Arteriosc Prostatec	leroti	c heart d			.,		ONSET A	BETWEEN ND DEATH KNOWN
	e (o), stating   cause last,	the under-	(c)									
OF CO			CONDITION	IS CONTRIBUTING	O DEATH BL	JT NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART I	PEI	AS AUTOPSY REORMED?
	CCIDENT W. ONTRIBUTING HER, NOTIFY	AS UNDERLYING [ G CAUSE OF DE MEDICAL EXAMIN	ATH JER)	ESCRIBE HOW INJ	JRY OCCURR	RED. (Enter noture of	injury in f	Part I or Part	t (I of item IB )			
	ME OF INJUI Hour o, m. p. m.	RY Month, Doy,	Wh	I. INJURY OCCURRE ite Not while work ot work	D 20e.	PLACE OF INJURY (Hi octory, street, office I	ome, form bldg., etc.	20f. (City	or town)	(Cou	nty)	(State)
21. 1	certify th	natzt attended	the dece	ased from Fe	bruary	24, 1941	to Feb	oruary	18 1958	<b>3636</b> 4046	120021	20302000
200			00000	CCCCCC and	that deat	h occurred at 1	2:10	M. fron	n the causes a	nd on the	date st	ated abov
ACTUA	0	10	2/1	porvo				ADDRESS (SI	reet, city or town, Perry Po	stote)		DATE SIGNE
PHYSK	CIAN'S (Type)	S. P. LA	CERVA			Direc	tor,	Profe	ssional	Servic	<b>es</b>	
	L CREMATIC					or CREMATORY on Nationa	1		lington,		(5	Stole)
23. FUNER	AL DIRECTOR	'S SIGNATURE	V.	ADDRESS			24a. REC'1	D BY REGIST	RAR 246 REGIS	TRAR'S SIGN	ATURE	
(PE	SUNTING	ion at son	Hay:	re de Gra	ce, Md		DATEFE	B 2 8 '5	8 1204	esue	h	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Buneau K. E.

1EB 80 1828



o. STATE irryland

d. STREET ADDRESS

8. DATE OF BIRTH

Jecilton

4. DATE

DEATH

Jecilton

rvLand

Rea. Dist. No.

19

Manths

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)

c. CITY OR TOWN (IEautside corporate limits, write RURAL and give nearest town)

9. AGE (In years last birthday)

yrs.

**b.** COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

life

Middle

DIVORCED [7]

Rerguson

IS RESIDENCE

ON A FARM?

Υеαг

19

Min

IF UNDER I YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OR WHAT COUNTRY?

1.0.4.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriett Oleiva Owings John J. Mverly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jecilton, Md. lverda Fermuson. none no within 72 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) 17454 7 min 1120.0 DUE TO Conditions, if any, which ? gove rise to immediate **DUE TO** cause (a), slating the underlying souse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. n. Not while at work at wark I certify that I attended the deceased from. . 19.58, to \_\_\_\_\_, 19\_578, that I last saw the deceased and that death occurred at 832 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL may be retain

TO FUNERAL DIR

page 3 shauld in the registrar print PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Burlal Feb.22 Jedilton, Jem. Cedilton, rld. 23. FUNERAL DIRECTOR'S SIGNATURE Jhestertown, Ad. 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Williams FER 2 5 '58 - eruen

PLACE OF DEATH 7.3 5. SEX 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

o. COUNTY

NAME OF

DECEASED

(Type ar print)

Jecil

d. NAME OF HOSPITAL (If not in haspital, give street address)

Lmma Lyerly

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T

WIDOWED

home

b. CITY OR TOWN (If putside corporate limits, write

RURAL and give eggrest town)

lecilton

during most of working life even if retired)

OR INSTITUTION

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DECEDATED SEE

IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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01878

1899 CERTIFICATE OF DEATH	Reg. Dist. No. 96
D. PLACE OF DEATH O. COUNTY  Cecil  2. USUAL RESIDENCE (Where deceased lived. If institute of STATE Pennsylvania	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write	RURAL and give nearest town)
Perry Point 5 yrs. 22 days Narberth	· ·
d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS	e IS RESIDENCE
Veterans Administration Hospital 222 Lanton Lane	YES NO TO
3. NAME OF First Middle Lost 4. DATE M.	anth Doy Yeor
A STATE OF THE STA	uary 13 19 58
5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In your	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED St DIVORCED 7-9-65	Manths Doys Hours Min
Ou USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Nurse unknown Australia	USA
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Schenk - Deceased   Elizabeth Martin -	Deceased
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. no. or unknown)   (If yes, give war ar darse of service)   16. SOCIAL SECURITY NO.   17 INFORMANT   Ac	dress
Yes   WW I unknown Hospital Records, VAH, Perr	y Point, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral, unresolved	2-4 days
430.0 DUE TO	
Canditions, if any, which ) (b) Arteriosclerotic heart disease, severe	unknown
gave rise to immediate District	Wast 125 7725
lying cause lost   California   Arteriosclerosis, generalized, severe	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a) 19 WAS AUTOPSY
	PERFORMED? YES NO
20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
Hour a. m.   While   Not while   factory, street, affice bldg., etc.)	
21. I certify that Xattended the deceased from January 22 , 19 53, to February 13, 19 5	8 49000000000000000000000000000000000000
200 200 200 200 200 200 200 200 200 200	end and a day to water occurred
ADDRESS (Street, city or town	
ACTUAL TO A STATE OF THE PROPERTY OF THE PROPE	
M.D. V.A. HOSPITAL, Perry P	O. 110. 110. 110. 110. 110. 110. 110. 11
PHYSICIAN'S S. P. LACERVA Director, Professional	Services
120 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town	, or county) (State)
REMOVAL (Specify) 2-18-58 Arlington National Arlington,	
Hembrai 12-10-10	GISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

ES CO 1823 PRECEDATION

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BUREAU V. S.

TO HOSPITAL

VS A15 (4) 1SM 10/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	DRE, 18
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**CERTIFICATE OF DEATH** 1900

M

/	1. PLACE OF DEATH COUNTY Cecil MARYLAND	A STATE								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Md. Ayrs.4mo.10day:	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Washington, D. C.	ive negrest lown) 47 x							
1	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS 620 22nd St., N.W.	e. IS RESIDENCE ON A FARM? YES NO A							
	3. NAME OF DECEASED (Type or print) Melville T. Humter	Lost 4. DATE Month OF DEATH 2 ~23 ~	Doy Yeor 19 58							
	Male White WIDOWED DIVORCED	8-7-88   lost birthdoy)   Months   69 yrs	YEAR IF UNDER 24 HRS. Doys Hours Min							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Actor  Theatrical	Fairfax Co. Virginia U	ZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Not ascertainable	Not ascertainable								
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  WW I  148-03-9026	Hospital Records, VAH, Perry	Point, Md.							
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Bronchopneumonis	a .	interval between onset and death Approx. 2 day							
	Conditions, if ony, which	unknown								
		ism hemiplegia left complete	unknown							
)	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  #9/ **  200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(6) 19 WAS AUTOPSY PERFORMED? YES NO K							
		), (Enter nature of injury in Part I or Part II of item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thour a.m. While Not while for work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)							
	21. I certify that vatended the deceased fram 10-13-5	0 19 to 2-23- 19 <sup>58</sup> XIGUS	(X)6X3GDGAXWAGAXG							
	Misses ANNEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		e date stated above							
	PHYSICIAN'S S. P. TACERVA, M.D. Director		**************************************							
	220. BURNAL CREMATION, 226. DATE THEREOF 20c. NAME OF CEMETERY OF REMOVAL (Specify) 2/2/5/ Arlington		(Stote)							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	National Arlington, Virgi								
	Pennington Son Havre de Grace, Md		- 1							

START SENT

		1		ve <sub>gg</sub>
				i
NG PHINCIAN: The law requires that the death certificate be executed within 24 haur. In death. Page 4		ter this certificate has been signed by the attending physician and completely filled in by we meral director.	I far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 stack by be filed with	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1901 CERTIFICATE OF DEATH

() 10011 eg. Dist. No. 96

-			O A							wah. Mizi	1, 140,	10	
Ĩ.	PLACE OF DEATH B COUNTY	OF DEATH UNITY Cecil MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before or o. STATE Maryland b. COUNTY						mission)					
	b. CITY OR TOWN (II RURAL and give ne Perry I	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)  Perry Point 15yrs.5mo.12da			c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS 2007 Ruxton Street					e, IS RESIDENCE ON A FARM? YES NO TO					
=								1	1 13 11 10		L NO LA		
3.	NAME OF DECEASED (Type or print)	SAM		SAM (NMI)		JENKINS DEAT			- Iviainii			Doy Year 1 1958	
5	Male Male	6 COLOR OR RACE Negro	7. MARR	IED NEVER MARRI		8-1-93		1	O. AGE (In years lost birthdoy) O.4 yrs		YEAR IF U	NDER 24 HRS urs Min,	
Ti	during most of work	USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired)  Laborer  unknown		R INDUST	TRY 11 BIRTHPLACE (State or foreign country) 12. (					CITIZEN OF WHAT COUNTRY?			
113	. FATHER'S NAME					14. MOTHER'S	MATDEN N	IAME					
1		Unkno	wn			Unk	nown						
	WAS DECEASED EVER	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	. 17. IN	ORMANT			Add	ress			
L	Yes	WW I	1	ınknown		spital F	ecor	ds, VAI	I, Perry	Point	, Md.		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a) Bronchopneumonia, right lower lobe unresolved  3-4 days												
	Conditions, if any, which (b) Chronic brain syndrome of uncertain cause							unknown					
	couse (a), stating the under lying couse lost.  DUE TO  Arteriosclerosis generalized severe unknown												
CERTIFICATION	Part II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEA	NTH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?	
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	TRIBE HOW INJURY OF	CCURRED.	(Enter nature of	injury in P	Part 1 ar Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJURY Have a. jt. p. m.	Month, Day, Yea	r 20d. Il While at wart	Not white	20e. PLAC facto	E OF INJURY (H Iry, street, affice	ame, farm bldg., etc.	, 20f. (City (	or lawn)	(Co	ounty)	(State)	
	21. I certify the	W. M. HA	XXXXXX	0000 and that	death o	occurred at 7	:15 a Hospi	AM, from ADDRESS (Shi	the causes of th	ind on the	d .	tated abave.  DATE SIGNED 2-11-58	
2	REMOVAL (Specify)	2-12		22c. NAME OF CEME Baltim		crematory National			on (City, tawn, c			State)	
23	. FUNERAL DIRECTOR'S		1	ADDRESS re de Grac	e, Mo		240. REC'O	BY REGISTR		STRAR'S SIGN			

PUNITAL V. E.



6SC:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01882**CERTIFICATE OF DEATH** 1879 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY MARYLAND ECIL b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give, street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED T YES. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 0047 13. FATHER'S NAME S ARMED FORCES? 17 INFORMANT CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cottse (a), stating the underlying couse fost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES ELLINO IT 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour 0. m. Not while of work p. m. of work that I last saw the deceased. 21. I certify that I ottended the deceased from and that death occurred at 3 AM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P shou PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE & CB 4 15M 9/55



22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Havre de Grace, Md.

Baltimore National

Director, Professional Services

24a, REC'D BY REGISTRAR

DATE

22d. LOCATION (City, town, or county)

Baltimore, Md.

246 REGISTRAR'S SIGNATURE

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(State)

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PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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220. BURIAL, CREMATION, 226. DATE THEREOF

S. P. LACERVA

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USUAL OCCUPATION (Give kind of work done)  M WIDOWED    100. USUAL OCCUPATION (Give kind of work done)  STILLENT    13. FATHER'S NAME  Leon Reese Lockard  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCI.  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCI.  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCI.  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCI.  17. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one cause per line for (o  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which  gove rize to immediate couse  (a), storing the underlying  cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. EXTERNAL CAUSE WAS  PRIMARY Hor CONTRIBUTING    CAUSE OF DEATH.  201. THE OF INJURY Month, Day, Year  Hour  ST. 1 certify that I tank charge of the remove death resulted from:  Name (Type)  R. C. Dodson  220. BURIAL, CREMATION, 22b, DATE THEREOF  REMOVAL ISpecify)  3 3 5 8  23. FUNERAL DIRECTOR'S SIGNATURE	6. 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USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Student  13. FATHERS NAME  Leon Reese Lockard  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mane Mac (If you, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (b)  UBLE TO  Conditions, if ony, which gove rise to immediate couse (c), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN MOST OF DEATH.  WAS IN CAT NIT by train at 20c. TIME OF INJURY Month, Day, Year Month, Day, Year 20d. INJURY OCCURRED. [Enter noture of injury in Part I CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, footor), street, office bidg. etc.) of work of work of work Related from: Neptural couses ACTUAL SIGNATURE ACCURRED ACCUR	5. SEX  6. COLOR OR RACE  7. 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Crossing   Notural Couse (c), but the subject of the remains described above, held an Autapsy   It death resulted from: Notural couses   Accident   R. R. Crossing   Notural Couse (c), but the subject of the remains described above, held an Autapsy   It death resulted from: Notural couses   Accident   R. Significant M. D. CHIEF MEDICAL EXAMINER    221. I certify that I took charge of the remains described above, held an Autapsy   It death resulted from: Notural couses   Accident   R. Suicide   R. Homicide   It. Universal Country   It. Significant M. D. CHIEF MEDICAL EXAMINER    222. BURIAL CREMATION   276. DATE THEREOF   222. NAME OF CEMETERY OR CREMATORY   224. REC'D BY REGIST   ADDRESS   244. REC'D BY REGIST   ADDRESS   2	S. SEX	S. SEX	S. EXE	S. EXE   6. COLOR OR RACE   7. MARRIED   DIVORCED   3.0 ATE OF BIRTH   9. AGE IN FORM   MOUNTED   10. USUAL OCCUPATION (Give kind of work done)   DIVORCED   3.0 A.   DIVORCED   3.0 A.   DIVORCED   10. KIND OF BUSINESS OR INDUSTRY   11. 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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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프 후 후 후		#. JLP	3.0	TOLON OR AME	WIDOWE		DRCED []	1-11-1			lost birthday)	Months , Days	+	Min.
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word Exo shoul		Ž 2	Oc. TIME OF INJURY	Month, Day, Y				CE OF INJURY (H	lome, form	, 20f. (City	or town)	(County)		(Stote)
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O DEPUTY cute the col farworded O FUNERAL or remayal.		220. B	JRIAL, CREMATION,			22c. NAME OF	CEMETERY OR				TION (City, tawn,	or county)	(State)	
0 to 10 to 1		R	REMOVAL (Specify)	Feb.9	1953	Prom	ntoim	Carletie	יזדי		mtosm.	,'ı'enn		
-			NERAL DIRECTOR'S		61	ADDRESS	400111			PBY BE GIST		STRAR'S SIGNATU	IRE	
VS. A15ME(5) 5M 9/55		. i	min Fun	eral Ho	Schrol	1/h, 21	دري ه	tion. I	DAJE		un,	leduca		
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1995 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere deceased lived. If b. C	institution: Reside	nce before adr	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)		outside corporate limits,	write RURAL and	give nearest to	own)
North East Lifetime	North	East			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS			10	RESIDENCE I A FARM?
3. NAME OF First Middle DECEASED	Lost	4. DATE	Month	Day	Year
(Type or print) Lola Viola	McKinnev	OF DEATH	Peb	16	1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IFUNDE	R I YEAR IF UI	
Female White WIDOWED DIVORCED	Sept.20, 188	9 68	thdoy) Months	Days Hau	rs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUS EW1 f e	DUSTRY 11. BIRTHPLACE (Slote North Ea		12 C	USA	AT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME			
John Thomas Moore	Cather	ine Stewar	t		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 1 (If yes, gare wor or during of service)	, INFORMANT		Address		
None	Edgar R.McK	inney N	orth East	t,Mary1	and
gove rise to immediate code (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 81  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Maur a. m.  p. m.  19   While   Not while of work   at work	BUT NOT RELATED TO THE TERM  RRED. (Enter noture of injury in factory, street, affice bldg., etc., 1944, to.,	Port I or Port II of item  1. 20f. (City or town)	18.)	ONSET AI  JO  RT I(o) 19. W/ PES  (County)  last saw th	(State)
PHYSICIAN'S NAME (Type) Klas H. Huchner &.D.					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY	22d. LOCATION (City	, town, ar county)	{\$	lote)
Burial Feb. 20.1958 Methodist	Cemetery	North Eas			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  YOULD IT Frank North Fact Mar	DA- DEC	D BY REGISTRAR 24	6 REGISTRAR'S S	CALATURE	



BUREAU V. S.

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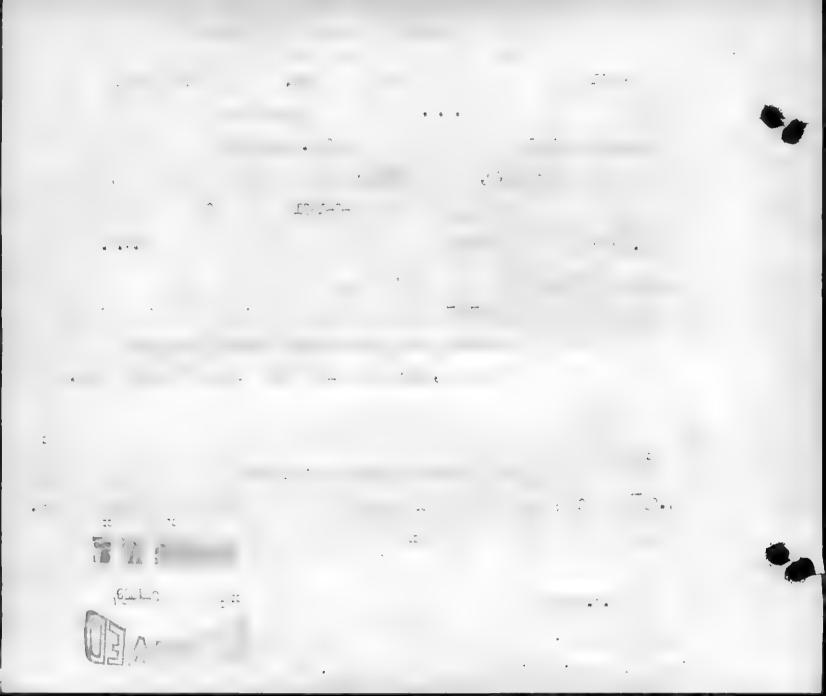
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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and the	Dist	No					

No.	Cecil			111010 001001000	HARRI IL HURALIO	IGHT KESTORINGS SIE	fore admission)
b. CITY OR TOWN If outside corporate limits, write SURAL ood give necestal town)  ### Control of Co	b. CITY OR TOWN 415 outside corporate limits, write BURAL	MARYLAND	o. STATE				
# Internation  d. NAME OF HOSTIAL DE INSTITUTION (if not in bespire), give street address)  Union Hozepital  3. NAME OF GOTOR J.  3. NAME OF GOTOR J.  4. NAME OF GOTOR J.  3. NAME OF GOTOR J.  4. NAME OF GOTOR J.  5. SEX  6. COLOR OF RACE [7. MARRED] INVEX MARRED DIVORCED	and a second sec	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corpor			neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in beophic), gives street address)  Union Hozpital  3. NAME OF FIRST  Middle  LOII  4. DATE  LOID  5. FACE (17. AGE (17. AGE)  19. AGE (17. AGE)  10. USUAL OCCUPATION (Give lend of work down of w		D-O-A-	William	ington		4	1 4 2
Union Hozspital    Step   Middle   Corre   Fall   Middle   Color   Col				TITE OFF			
1958   1958	Union Hozspital		312 N. Ha	rrison			
Type or printy   Colors of RACE   7.   Married   Never Married   8.   Bail of Birth   9.   AGE (in more interface)   Never Married   Never M		Middle	Last		Month	Day	Year
No. USALA CCEURATON (Give hind of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Store or foreign country)   12. CHIZEN OF WHAT COUNTRY   13. FATHER'S NAME   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MOTHER'S MAIDEN NAME   18. ADMINISTRY OF COUNTRY   15. WAS DECEASED EVER IN U. S. ARMED PORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. ADMINISTRY OF THE NAME NAME   18. ADMINISTRY OF THE NAME NAME NAME NAME NAME NAME NAME NAM		r. McMu	rry	DEATH	2:	7	1958
No. USUAL OCCUPATION (Give kind of work done)   106. KIND OF BUSINESS OR INDUSTRY   11. SIRTHFIACE (Stote or foreign country)   12. CHIZEN OF WHAT COUNTRY   12. CHIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAPPEN NAME   14. MOTHER'S MAPPEN NAME   15. WAS DECEASED EVER N. U. S. ARMED POKCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c), (c), (c), (c), (c), (c), (c), (c),	5 SEX 6. COLOR OF RACE 7. MARR	IED NEVER MARRIED . B.	DATE OF BIRTH	9.	AGE (In years		IF UNDER 24 HRS
Albama  13. FATHER'S NAME  13. FATHER'S NAME  13. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c):    PART II, DEATH WAS CAUSED BY   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED.   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED.   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED.   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a)   19 WAS AUTOPSY PERFORMED.   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUT	M Mibowi	ED DIVORCED	8-3-1931			Months Days	Hours Min.
Auto Nories Chysler   Alabama   II. MOTHER'S NAME   Address   George J. M.C. Murrey Sr.   I. MOTHER'S NAME   Myrtle    15. WAS DECEASED EVER IN U. S. ARMED FORCES?   I. SOCIAL SECURITY NO.   17. INFORMANT   Address   Myrtle	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign cour	itry)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME  George J. Mc Livrey Sr.  15. WAS DECEASED EVER IN U. S. ARMED PORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. M. S. OCCURRED] [18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (e).]  PART I. DEATH WAS CAUSED BY.  PART II. DEATH WAS CAUSED BY.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e).  PART II. OTHER SIGNIF			Alaha	ma		TT @ A	
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).		UMASTER.				- I U DO ALLA	
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).	Coomes T Pro	Frances Sn	7. Tarmat	٦۵			
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).				10	Arldress		
18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).]  PART I. DEATH WAS CAUSE DEATH  IMMEDIATE CAUSE (c)  Laconated right side of face fractured skull and  DUE TO  Conditions, if any, which gove rise to immediate couse [o), stoling the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II.(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE  N	(Yes, no, or unknown) 1 (If yes, give wor or dates of service)			nmm St.		0.10	
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)   Indeed to the process of the control of the part			ar oug memu	r.r.y , is to	a v etteo)		
IMMEDIATE CAUSE (o)   DUE TO		ter (a), (b), one (c).				ONS	ET AND DEATH
Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART II(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART II(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART II(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART II(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART II(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE THAT III. OTHER THAT III. OTHER THAT III. OTHER THAT III. OTHER I	IMMEDIATE CAUSE (o)	cereted right si	ide of face	fractue	ed_skull	and	
DUE TO    Col.   Stoting the underlying   Col.   Stoting the u		0					
DUE TO    Col.   Stoting the underlying   Col.   Stoting the u	Conditions, if any, which) (b) 101	mr for leceret	tion Jeft Je	man Jac	and am	sebad ab	and a
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19 WAS AUTOPSY PERFORMED?  20a. EXTERNAL CAUSE WAS CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole)  While Not white of work 1 of	gove rise to immediate couse?	101 1013 200020	ALVII JELO TO	WET TER		TOTAL CITY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19 WAS AUTOPSY PERFORMED?  20a. EXTERNAL CAUSE WAS PERFORMED?  21a. External Cause WAS PRIMARY Bor CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stole) of work and work of	I for, signing the ought study						
PERFORMED? YES NO.  20a. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING DECOMPTION CAUSE OF DEATH.  CAUSE OF DEATH.  Cor ron under a Tractor Trailor Truck  20c. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) foctory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry , and find the death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined cause .  ACTUAL SIGNATURE	Couse lost.						
20c. TIME OF INJURY    Addition   County   Count	, (0	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	OND TION GIVI	FN N PART I(a)	
20c. TIME OF INJURY    Additional County   Count	, (0	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INALDISEASE C	OND TION GIVI		9 WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY    Addition   County   Count	, (0						9 WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY    Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, 120f. (City or town)   (County)	, (0						9 WAS AUTOPSY PERFORMED?
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry and find the death resulted from: Notural couses, Accident, Suicide, Hamicide, Undetermined cause  ACTUAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	BE HOW INJURY OCCURRED (En	ter nature of injury in Par	flor Part II of	item 18.}		9 WAS AUTOPSY PERFORMED?
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry, and find that death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined cause  ACTUAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	BE HOW INJURY OCCURRED (En	iter nature of injury in Par tor Trailor E Of INJURY (Home, form	Truck	item 18.}		9 WAS AUTOPSY PERFORMED? YES NO
death resulted from: Notural couses Accident Suicide Homicide Undetermined cause  ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  EXAMINER'S NAME (Type) R. C. Dodson DEPUTY MEDICAL EXAMINER 22-8-57  220. BURIAL, CREMAT ON, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) R. D. 10 21 Teb. 11 1958 Stevenson Labama	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	BE HOW INJURY OCCURRED (En	oter nature of injury in Par Ctor Trailor E Of INJURY (Home, form ry, street, office bidg., etc.	Tranck	item 18.}	(County)	9 WAS AUTOPSY PERFORMED? YES NO
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  R.C. Dodson  220. BURIAL CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  R.D. 10 1 1948  Stevenson, Jabama  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  228-57  220. BURIAL CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  R.D. 10 1 1948  Stevenson, Jabama	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURRED (En Injury OCCURRED 20e. PLAC foctor of work Roll Roll	oter nature of injury in Parector Trailor E OF INJURY (Home, form, street, office bldg., etc.	Truck 20f. (City or	town)	(County)	9 WAS AUTOPSY PERFORMED? YES NO [] (State)
SIGNATURE  EXAMINER'S NAME (Type) R.C. Dodson  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  2-8-57  220. BURIAL, CREMATON, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) R.D. 10 Val Feb. 11 1948  Stevensol, Alabama	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURRED (Entropy of the Not white of work of work of work of the Not white of the Not white of work of	ter nature of injury in Pore tor Trailor E Of INJURY (Home, formy, street, office bldg., etc.	Truck 1 20f. (City or 1 E1	town)	(County)  Cocil Inquiry	9 WAS AUTOPSY PERFORMED? YES NO [] (State)
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EXAMINER'S NAME (Type)  R.C. Dodson  DEPUTY MEDICAL EXAMINER 22-8-57  220. BURIAL, CREMATON, 22b DATE THEREOF REMOVAL (Specify)  R.O. 10 V31  Feb. 11 1948  DEPUTY MEDICAL EXAMINER 22-8-57  22d LOCATION (City, town, or county)  (Store)  R.O. 10 V31  Feb. 11 1948  Stevenson  Alabama	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURRED (Entropy of the Not white of work of work of work of the Not white of the Not white of work of	ter nature of injury in Par tor Trailor E OF INJURY (Home, form, ry, street, office bldg., etc. te. 10 re, held on Autops ide [], Homicide	Truck  20f. (City or  y, Insp	town)	(County)  Cocil Inquiry	9 WAS AUTOPSY PERFORMED? YES NO (Stole)  (Stole)
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	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURRED (En Under a Trace INJURY OCCURRED 20e. PLACE INJURY	ter noture of injury in Port of Trailor E Of INJURY (Home, formy, street, office bldg., etc. The HO Te, held on Autops ide , Homicide  M.D. CHIEF MEDICAL EN  ASSISTANT MEDICAL DEPUTY MEDICAL	Truck 207. (City or ) 207. (City or ) Und  (AMINER []  AL EXAMINER [	town)  ctom pection cetermined co	(County)  Gocil Inquiry ause	9 WAS AUTOPSY PERFORMED? YES NO (Stole)  (Stole)  Add ond find that
The state of the s	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS C	BE HOW INJURY OCCURRED (En under a Trace INJURY OCCURRED 20e. PLACE Injury OCCURRED 20e. PLACE Injury Occurrent of work of wor	ter noture of injury in Port of Trailor  Cor Trailor  E Of INJURY (Home, form, street, office bidg., etc.  The IO  Te, held on Autops ide , Homicide , Homicide , Assistant Medical DEPUTY MEDICAL CREMATORY	Truck  20f. (City or  1) 20f. (City or  2) Und  (AMINER    AL EXAMINER    EXAMINER    22d LOCATIO	town)  Atom Dection cetermined co	(County)  Gocil Inquiry ause	9 WAS AUTOPSY PERFORMED? YES NO (Stole)  (Stole)  Add ond find that
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Pe popers. pup perm.i FUNERAL DIRE prior

VS A1S (4) 1SM 9/SS





1883 **CERTIFICATE OF DEATH** 

01890

				Mag. Dist. 140.
1. PLACE OF DEATH 6. COUNTY  UEC!	MARYLAND	2. USUAL RESIDENCE (WHO STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write   c   LE	ENGTH OF STAY IN 16		utside corporate limits, write RU	
RURAL and give nearest town)		91		nate one give meanor rown,
d. NAME OF HOSPITAL (If not in hospital, give street addre	Life	Elkto</td <td>n</td> <td>t us are in the</td>	n	t us are in the
OR INSTITUTION	55)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
257 rackells#t		257 Tac	kall St	YES NO M
3. NAME OF DECEASED (Type or print) Tyviny	Middle Lee M	lost	4. DATE Month OF DEATH M'ebruar	/
47, 46, 7, 46, 74		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
i 1/7h wipowep □		11 0 1000		Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND		TINA DIRTURA CE ISIANA		12. CITIZEN OF WHAT COUNTRY
corridg mass or working me, even it remed				
	rming	Elkton,		U. J.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James M. Moore		Anni	e LcNeal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI/	AL SECURITY NO. 17. H	NFORMANT	257 Addge	rill st.
TO 50	.1	da i . Slaur	hter Elkto	
18. CAUSE OF DEATH [Enter only one couse per line for			JIDOJ DIKOG	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		alar accide	<b>a+</b>	ONEET AND DEATH 32 months
IMMEDIATE CAUSE (6)	Tento vasci	ATAL ACCEUS	110	os monting
4. d. d. DUE TO Ant	eningelere	stic cardio	vasuular dis	ease tinknown
and the state of t	011030701	Jore Cararo	vasuular uls	page mitritowit
gave rise to immediate Couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
5				PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE	HOW INJURY OCCURRED	D. (Enter nature of injury in E	Part I or Part II of item 18 )	
OR CONTRIBUTING CI CAUSE OF DEATH			,	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY White pp. m. 19 of work	OCCURRED 20e. PL	ACE OF INJURY (Home, farm	20f. (City or lown)	(County) (State)
Hour a. ji.    White	Not while of work	tory, street, office bldg., etc.	1	
	Nort 16	5 57 1	eb. 27 1058	
21. I certify that I attended the deceased fr	VIII			,that I last saw the decease
alive on 1995	,_, and that death	occorred of	_M, from the causes ar	nd on the date stated above
V ( ) ( )   V	1 14		ADDRESS (Street, city or town, st	fote) DATE SIGNED
SIGNATURE S. SIGNATURE	yeur:	м.р. 233	E. Main St.	feb. 28.1
PHYSICIAN'S S. Ralph Andr	ews, Jr.,	M.D.	Elkton M	aryland 2/28/58
	NAME OF CEMETERY OF	E CPEMATORY	22d. LOCATION (City, town, or	country country
REMOVAL (Specify)				county) (State)
	ADDRESS		lkton	1.0
D. FUNCTOR DIRECTOR'S SIGNATURE	ADDRESS /-			TRAR'S SIGNATURE
MPPIN FUNERAL HOME Almas	1/1. Jee El	LKTON, Nel DATE I	AR 5 '58   PIL	La Dane

neral director, be filed with death. Page 4 may be retain the haspital or attending physician.

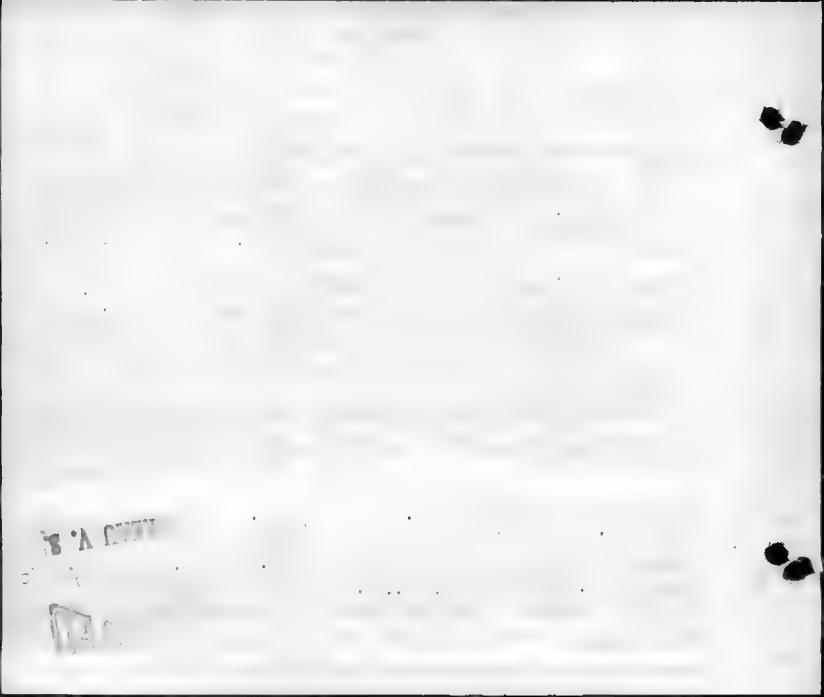
TO FUNERAL DIRE

1. After this certificate has been signed by the attending physician and campletely filled in by in page 3 should be a oched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 si the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

4

TO HOSPITAL

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



EEB 54 1628

BURRAU Y. E.



1.55. O Z A CHINA (181 . 831.)

VS. Alsmeist 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220 BURIAL CREMATION, 122b, DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY **ADDRESS** 

DEPUTY MEDICAL EXAMINER THE

22d. LOCATION (City, town, or county) (State)

(County)

240. REC'D BY REGISTRAR

0.1893

4, IS RESIDENCE ON A FARM?

YES NO

Year

19 58

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO R

DATE SIGNED

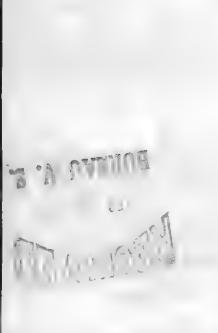
(State)

U.S.A

IF UNDER 24 HRS.

Cecil

246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 01894 1886 **CERTIFICATE OF DEATH** director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND Maryland Cecil Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) weeks Elkton. Md. R.D.#4 ktion d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Union Hospital YES NO TO c NAME OF 4. DATE Day First Middle Yeor Speffce Month filled DECEASED DEATH February Edith B. 58 (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 5. SEX IF UNDER 1 YEAR! IF UNDER 24 HRS. AGE (In years last birthday) Months Hours DIVORCED | WIDOWED IV Aug. emale White 1882 politiers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard B. Mars Margaret Jane Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No Vaughn M. Spence Elkton. Md. R.D.4 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lifeol () DUE TO Conditions, if pay, which gove rise to immediate **DUE TO** casse (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS SUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0 10 Not while of work of work p. m. 21. I certify that I attended the deceased from ..., 19. that I last saw the deceased and that death accurred at 11/1/5 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE o shoul PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

Elkton.

Md.

Cemeterv

Cherry

24g, REC'D BY REGISTRAR

Maryland

246 REGISTRAR'S SIGNATURE

1. Kilmeduch

o FUNERA page 3 st

Burial

23 EMNERAL DIRECTOR'S SIGNATURE

VS A15 [4] 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Union Hospital    Vest   No.   Part   Provided   Provid			42.6	188	SS CERTIFICA	ATE OF DEATI	t	Reg. Dist. No.
De City Ch TOWN If coursed sopposed limits, write \$URAL and give necreat form)  1 day  C LENGTH OF STAY IN 16  C LENGTH OF STA			~ COHNTY		MARYLAND	A STATE	nere deceased lived If institu b. COUNT	tion: Residence before admission)
A. NAME OF HOSTITAL (If not in hospital)   d. STREET ADDRESS   IS RESIDENT WITTEN ALL PROPERTY   I			b CITY OR TOW	'N (If outside corporate limits, write nearest town)		c CITY OR TOWN (IF	outside corporate limits write	
2 NAME OF CREASE POR IN U.S. ARRED ON RACE   7. MARRIED ON NEVER MARRIED   8 DATE OF BIRTH   9 DATE OF BIRTH   100. USUAL OCCUPATION (Give land of work done) 10b KIND OF BUSINESS OR INDUSTRY   11. BIRTHPIACE (Side or foreign country)   12. CITIZEN OF WHAT COUNTRY MARRIED   15. WAS DECEASED BYR IN U.S. ARRED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. ARRED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. ARRED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one course per line for (c), (B), and (G)   18. CAUSE OF DEATH (Enter only one course per line for (c), (B), and (G)   19. ACC (In your window)   19. OUT   19.	1	g.			reet oddress)		707	W. IS RESIDENCE ON A FARM? YES TO NO!
13. FATHER'S NAME  Linford Stigile  15. WAS DECEASED EVEN IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (d.)]  PART I. DEATH WAS CAUSED BY  ACUTE COPYONATE CAUSE (p.)  ACUTE COPYONATE CAUSE (p.)  ACUTE COPYONATE CAUSE (p.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPY PERFORMED TO CONTRIBUTION OF THE CONTRIBUTION OF			3 NAME OF DECEASED	First	Middle	Lost	OF	onth Day Year
13. FATHER'S NAME  Linford Stigile  15. WAS DECEASEDEVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (pl. lb.) and (ql.)  PART I. DEATH WAS CAUSED BY:  A Tteriosclerotic cardiovascular disease unknown gover its to immediate course for the cours		7.0		6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED		9 AGE (In year)	Months Doys Hours Min
The father's name  Linford Stigile  Is. WAS DECEASED EVER IN U. S. ARMED PORCES? [16. SOCIAL SECURITY NO. ]7. INFORMANT  NO    Is. CAUSE OF DEATH [Einer only one course per line for (o). (b). and (c).]    PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   A CULTE COPONARY THOMBOSIS   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [16] [19. WAS AUTOP PERFORMED YES   NO.	i i	1	100, USUAL OCCUP	ATION (Give kind of work done)		STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN
18. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  A CUTE COTONARY THOMBOSIS  19. PART I. DEATH WAS CAUSED BY:  A CUTE COTONARY THOMBOSIS  10. Conditions, if only, which gove rise to immediate cotte (a), toling the under cotte (b), toling the under co	d de							USA
NO    221-07-5376   Mrs.Reba M.Stigile Elk Mills, Md.	igo si		Linf	ord Stigile		No re	cord	
18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  MEDIATE VAS CAUSED BY:  MEDIATE VAS CAUSED BY:  A cute coronary thrombosis  DUE TO  Conditions, if ony, which gove rise to immediate course (c), tabing the under- lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP REFORMED YES ON ACCIDENT WAS UNDERLYING OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTING OF CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  TO OR CONTRIBUTION OF CONTRIBUTION OF COUNTRY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PRESONED  TO OR CONTRIBUTION OF CONTRIBUTION OF COUNTRY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PRESONED  TO OR CONTRIBUTION OF CONTRIBUTION OF COUNTRY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PRESONED  TO OR CONTRIBUTION OF CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PRESONED  TO OR CONTRIBUTION OF COUNTRY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)	72 hour		(Yes, no, or unknown)	EVER IN U. S. ARMED FORCES?		NFORMANT	Ad	
MAREIANT CAUSE (b)   Acute coronary thrombosis   14 hour	hin.			DEATH [Enter only one couse p		1110011000 11	OULTE D	INTERVAL BETWEEN
Due to cutse (a), storing the under. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED? YES NO [CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify thot I ottended the deceased from August 14.9 53, to Feb. 12, 19.58, that I last saw the deceased give on Feb. 12, 19.58, ond that death occurred at 5 p. M. from the courses and on the date stated ab ADDRESS (Street, city or lown, stole)  ACTUAL SIGNATURE  220. BURIAL CREMATION, 120. DATE THEREOF 120. NAME OF CEMETERY OR CREMATORY 120 LOCATION (City, town, or county) (Slote)  PART II. OTHER SIGNIFICANT SOLUTION (City, town, or county) (Slote)  PREFORMED?  YES NO [19.90]  PREFORMED?  YES	vent wi				Acute coron	ary thrombo	sis	14 hour
Country   Due to   Uying couse lost.   Cr.	a ku		Conditions,	if ony, which ) (b)	Arterioscl	erotic card	iovascular	disease unknow
PEFCRMED?  YES NO [  20c. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PNACE OF INJURY (Home, form, 20f. (City or town)   (Stored of work   19 miles)   19 miles   1	ni bu		catse (a), stat	ing the under: DUE TO				
20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Phace of injury (Home, form, 20f. (City or town) (County) (Side 10 mork) (County) (County) (Side 10 mork) (County) (County) (Side 10 mork) (City town, or county) (Side 10 mork) (City town, or county) (Side 10 mork) (City town, or county) (Side 11 mork) (City town, or county) (Side 12 mork) (City town, or county) (County) (City town, or county) (City town, or county) (County) (City town, or county) (County) (City town, or county)	avol, a	0	CATIC	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
21. I certify that I attended the deceased from August 14953, to Feb. 12, 1958, that I last saw the deceased alive on Feb. 12, 1958, and that death occurred at 6 p. M. from the couses and an the date stated ab ADDRESS (Street, city or town, stole)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ADDRESS (Street, city or town, stole)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, stole)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, stole)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, at course)  ADDRESS (Street, city or town, stole)  ADDRESS (Street, city	or ren			WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port II of item 18.)	
alive on Feb. 12	emotian		ZOc. TIME OF IN	m. W	hile Notashile fo	ACE OF INJURY (Home, form clory, street, office bldg., etc	20f. (City or town)	(County) (Sto
ACTUAL SIGNATURE  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  So Ralph Andrews, Jr., M.D.  233 E. Main St., Elkton, Md. 24  Physician's NAME (Type)  So Ralph Andrews, Jr., M.D.  220 BURIAL CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  BURIAL Feb. 15, 1958 Cherry Hill Cem.  230 Cherry Hill Md.  231 FOTHERAL DIRECTOR'S SIGNATURE  ADDRESS  ACTUAL SIGNATURE  ADDRESS (Street, city or town, stole)	5			that I attended the dec				
PHYSICIAN'S NAME (Type) S. Ralph Andrews, Jr., M.D.  2/12/  20 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REMOVAL (Specify) Feb. 15, 1958 Cherry Hill Cem. Cherry Hill, Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE	0		ACTUAL	I ROLL A	ond that death	•	ADDRESS (Street, city or town	, stole) DATE SIG
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote)  REMOVAL (Specify) BUT181 Feb. 15, 1958 Cherry Hill Cem. Cherry Hill, Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	r ta buria	- 1	SIGNATURE				IIIIIII DOSG 1	2/12/
Burial Feb. 15, 1958 Cherry Hill Cem. Cherry Hill, Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	ar priar ta buria	1		S. Kalnh	andrews .m. >			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	egistrar priar ta buria	/	220 BURIAL, CREMA	ATION, 226. DATE THEREOF			22d LOCATION (City, fown	or county) (State)
	the registrar priar ta buria	1	220 BURIAL, CREMA REMOVAL (Spe BUTIA	ATION, 226. DATE THEREOF Cify) Feb. 15.19	22c. NAME OF CEMETERY C	R CREMATORY		7 177

BULLAU V. S.

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				MARYLAND S	TATE DEPARTME	NI OF HEALII	1-BALTIMORE,	10	
98 'vo	1)			MEDICAI	L EXAMINER'S	CERTIFICAT	TE OF DEATH	Reg. Dist. No	11897
should be	was a	1.	LACE OF DEATH	1000		2. USUAL RESIDENCE (M	/here deceased lived. If Institu		ore admission)
ople the ship	M	ľ	COUNTY	Cecil Ct.	MARYLAND	e. STATE Md.	b. COUNT	Ceci	1
rio la	557	Ь	CITY OR TOWN (If outside a	erporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give no	agrest town)
esso Person				R: D: 4	60 years		n, Md. R. D.		
	00	d		INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
P	77		Union Hospi	tal, D.O. A.		Walnu	t Lane		YES NO N
ny dela uneral d your fil egistror	,	3.	IAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day	Year
f ony de funeral for your			Type or print)	Elizabeth_	W	Szilvay	OF DEATH 2/18	17:38	19
- 2 //	1	5. \$	6. CC	PLOR OR RACE 7. MARRIES	NEVER MARRIED   B.	DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Months Days	IF UNDER 24 HRS.
deoth d 3 to the retained 2 with the		_	Female	White WIDOWED		3/10/1894	63 уп.		
d d d d d d d d d d d d d d d d d d d	/	10a.	USUAL OCCUPATION (Giv uring most of working life,	e kind of work done 10b. KI even if retired)	ND OF BUSINESS OR INDUSTR	11, BIRTHPLACE (Stote	or foreign country)		F WHAT COUNTRY?
2, and 2 ond 2		_	Housewife		Housekeeping	Hungary		U.S.	Α
-2 - 2		13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
် နာ က ရွာ ရေး က ရေး			Mathew Wal				<u>Kirschenheut</u>		
0 0 0 e			WAS DECEASED EVER IN U	I. S. ARMED FORCES? 16. S live war or dates of service)		FORMANT	Address		
.∄ઉં∂.			No		None	John Skill	vay R. D. 4 El		
Tmi or of the			18. CAUSE OF DEATH LEN	ter only one cause per line for	or (a), (b), and (c). ]			ONSE	T AND DEATH
cuted in 18			IMMED	IATE CAUSE (0)ACCI	ute_cornary				
th fo			1 1	DUE TO					
be ex il in It with			Conditions, if any, what gave rise to immediate co	inte (					
ould be exec pencil in Iten Slang with fo burial-transit			(o), stoting the underly	ing DUE TO					
		7	couse lost,	) (c)	NTRIBUT NG TO DEATH BUT N	OT DELATED TO THE TERM	NAI DISEASE CONDIT ON GI	VENS IN DART 1/01 2	0 WAS ALITOPSY
rtificole st nding" in r's Office used os o	- 3	CERTIFICATION	PART II, OTHER SIG	NINEANI CONDINONS CO.	NIKISOT NO TO COATT SOT IV	OT RECEIVED TO THE TERM	HALPISEAS, COMBIN ON OT		PERFORMED? YES NO
e e e e e e e e e e e e e e e e e e e		CERTIFI	200. EXTERNAL CAUSE WA PRIMARY OF CONTRIBUT CAUSE OF DEATH.	S   20b. DESCRIBE	HOW INJURY OCCURRED. (Er	iter nature of injury in Part	I for Port II of (Iem 18.)		
word word should		CAL				E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
2 2 3 m		MEDICAL	Hour a. m. p. m.	19 While of wor	k at work	ry, sireer, critice oragi, ere.	1		
AMI ing t Medi			21. I certify that I i	ook charge of the re	emains described abov	e, held an Autops	y . Inspection X	, Inquiry 🔀	, and find that
W.rrit Mief OR:			death resulted from	: Natural causes 🗷	], Accident [], Suid	ide 🔲 , Homicide	Undetermined	cause 🔲.	
3 400			[]	1010 0	-00 10-1				- new dichtierh
N S S	4		ACTUAL SIGNATURE	UNO	unun	_M.D. CHIEF MEDICAL EX	AMINER -		2/19/58
			EXAMINER'S			ASSISTANT MEDIC	AL EXAMINER		2/11/04
DEPUTY ute the ce orwarded FUNERAL			NAME (Type) R.C.	Dodson		DEPUTY MEDICAL	EXAMINER 📉		
		220	BURIAL, CREMATION, 221	1- 1 -	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county)	(Stote)
5 2 5 0			wrat	124/58	Greenmon	end Cemeter	Theladel	when it	ena,
VS. A15ME(5)		23.	FUNERAL DIRECTOR'S SIGN	ASI	ADDRESS AND	11-1 21	D BY REGISTRAR 246. REG	ISTRAR'S SIGNÁTUR	(F
5M 9/55		14	grin dunna	1 Home stone	41 Th Mes Cl	lely re DATE		,	
						FE	B26 '58 UU	in tegers.	

S.V. Various

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1890 **CERTIFICATE OF DEATH** Reg. Dist. No filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND Del. n.C. Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neorest fown) Pleasant Valley Road. Newark Elkton d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION IS RESIDENCE d. STREET ADDRESS YES NO Union Hospital Pup 4. DATE NAME OF Middle Month Lost DECEASED DEATH Feb. (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH S. SEX MARRIED NEVER MARRIED lost birthday) Months Days Min. WIDOWED DIVORCED Male 55 yrs Ca papers. Oc. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Mechanic Self-employed Maryland carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Gibson Valentine Katherine Congo 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address Willand Valentine-E-kton IInknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ч PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which ; gove rise to immediate DUE TO cottse (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1103 179. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] CERTIF 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work 19 5, that I last saw the deceased 21. I certify that I attended the deceased from the alive on and that death occurred at LOAM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED MEDIUM DOUBLAYME. Ď. v **ENVIRONMENT** IRAWE (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) REMOVAL (Specify) Glasgow.Del .Thomas Cem Ruris 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b / REGISTRAR'S SIGNATURE DATE 1SM 9/55

director

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01899Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institution; Residence before admission) G. COUNTY o. STATE Del b. COUNTIEWCastle Cacil MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Wilmington Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital 312 N. Harrison YES NOT 3. NAME OF DATE OF DEATH Middle **First** Month DECEASED 19 58 2 (Type or print) Wheeler Harry M 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE the years IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours 112-11-1925 32 yrs. WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) North Carolina U-S-A-Auto Worker Chrysler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hardy K. Wheeler Pearl Chambers W 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W.W.2 Yes Harry K. Wheeler Asheville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laceration left side of face fractured Jaw and skull IMMEDIATE CAUSE (a) **DUE TO** mand laceration of forehead and crushed chest. Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Cae ran under a Tractor Trailor 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) WEDI Not white at work at work Route Elkton Cecili Wd. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry D. and find that to the piet ! Accident Suicide , Homicide , Undetermined cause Natural causes . ACTUAL DATE SIGNED SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER removal FYAMINED'S 2-6-58 DEPUTY MEDICAL EXAMINER NAME (Type) RaC Dodson 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 Cemeterv Barnsville. N.C. Remova. Feb. 9 1055 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Ekkton. Funeral 5M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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B. CITY OR TOWN (	(If outside corporate limits, wherest town) Point	rite c	E. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside carpo imore	rate limits, write R	URAL and g	ive negre	1 (awn) 3101.4
OR INSTITUTION	TAL (If not in hospital, give : Administratio				d. STREET ADDRESS	Hunti	ngton Ave	enue		IS RESIDENCE ON A FARM? 'ES NO X
3. NAME OF DECEASED (Type or print)	Fint CHARI	ES	Middle L.		Lost WHITMORE	4. DATE OF DEATH	Man Febr	h uarv	Day 2L	Year 19 58
5. SEX Male		DOWED	DIVORCED		8-5-97		9. AGE (In years last birthday) 60 yrs.	IF UNDER		UNDER 24 HRS.
Clerk	ON (Give kind of work done rking life, even if retired)		ND OF BUSINESS OR Liquor Sto		Y 11. BIRTHPLACE (Stole Maryland		ountry)		ZEN OF Y	WHAT COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
	Charles 1					Timme				
Yes. no. or unknown)	ER IN U. S. ARMED FORCES: If yes, give war ar dales of service WW II	1	unknown		spital Recor	rds, V	AH, Perry		t, Mo	1
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21. I certify the Common of th	not Kattended the de	ceased PPXX	from Februa	ry 22 leath o	2. 158 , to Fe ccurred at 9:30	ADDRESS (S	n the causes a treet, city or town,	ind on th state)	e dote	stated above DATE SIGNE 2-25-5
220 BURIAL CREMATIC	S. P. I.A		ZC. NAME OF CEMET	ERY OR C	Director,		rion (City, town, o		ces	(Slote)
REMOVAL (Specify)	2/28/5	1			National		timore,		and	faiorei
23. FUNERAL DIRECTOR	11 1	**2	ADDRESS		24a. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SIG		* -

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